

DSHS MENTAL HEALTH DIVISION  
REQUEST FOR PROPOSALS #0634-202  
REGIONAL SUPPORT NETWORK PROCUREMENT  
BIDDERS QUESTIONS & RESPONSES

April 20, 2006

Procurement Coordinator  
Andy Kramer  
Department of Social and Health Services  
Central Contracts Services  
(360) 664-6073

Procurement Manager  
Andy Toulon  
Department of Social and Health Services  
Mental Health Division  
(360) 902-0818

Q#	Question	Answer	RFQ Amendment	Posted
1.	Your listing of definitions in the RFP says Child under the age of 18. This is not the correct definition of child according to the WACS.	The definition of "Child" in WAC 388-865-0150 is "a person who has not reached his/her eighteenth birthday. For persons eligible for the Medicaid program, child means a person who has not reached his/her twenty-first birthday." The definition will be corrected when the MHD amends the RFP to prevent any confusion.	Yes	3-20-06
2.	The Senate Budget proviso allows for a 6 months coming into compliance time period for those RSNs who were unsuccessful in the RFQ. What is the process of compliance, as you see it?	The version of the budget that passed out of the Legislature did not include provisions allowing for RSNs who were unsuccessful to come into compliance and avoid the RFP.		3-20-06
3.	If more then one entity bids on a region, if both score above the threshold does the highest score succeed?	The highest final score will prevail with the limitation that no bidder can be awarded the contract for more than 3 current RSN areas.		3-20-06
4.	If there is discretion by the DSHS secretary for selecting among several entities who score above the threshold, will the consolidation of RSNs, be considered a factor?	No. The bidder that scores the highest above the threshold will be the successful bidder, subject to the limitation described above.		3-20-06

Q#	Question	Answer	RFQ Amendment	Posted
5.	Does an RSN have an option to submit two letters of intent at the same time for different options?	<p>A letter of intent should be submitted by each different entity which is considering bidding on the RFP. For example, if a current RSN which did not pass the RFQ was considering submitting a proposal on their own or consolidating with another RSN, letters should be submitted for each possibility. The first letter would indicate that the bidder is the current RSN. The second letter would identify the bidder as a new entity comprised of the two RSNs.</p> <p>It is not necessary for an entity which may be considering bidding on one or more regions to submit a letter for each region. For example, if a private non-profit entity is considering bidding on one or two of the western service areas, the entity needs to provide only one letter. It would be helpful, but is not required, for the letter to identify the service areas for which the entity is considering a bid.</p>		3-21-06

Q#	Question	Answer	RFQ Amendment	Posted
6.	Please describe what exactly must be included in a merger intent letter vs. a proposal document. Are they different and when are they due? When are they accepted/approved? Other details needed in any letter of intent would be helpful.	<p>The version of 2SSB 6793 that passed out of the Legislature did not include provisions allowing for the merger of RSNs which succeeded in the RFQ with RSNs which did not pass the RFQ without responding to the RFP.</p> <p>Eligibility for the RFP is limited to the following types of entities:</p> <ol style="list-style-type: none"> <li>1. Currently contracted as an RSN; or</li> <li>2. One or more Washington Counties; or,</li> <li>3. A non-profit entity as registered with the Washington Secretary of State</li> </ol> <p>A letter of intent is due by March 24. The responses to the RFP are due by 3:00 p.m. on May 31, 2006.</p> <p>The letter of intent should identify which type of eligible entity the bidder is and how the bidder meets these eligibility requirements. It would be helpful, but is not required, for the letter to identify the service areas for which the entity is considering a bid.</p>		3-21-06
7.	<p>Question Topic: Allied Systems (3.1.9)</p> <p>Question: If an RSN has a contract with an entity identified under Allied Systems, do they also need to have an MOU with that same entity?</p>	The RFP requires a coordination plan. If there is no coordination plan in place the RSN may submit a description of the RSN's current processes for coordination along with a project plan. The RFP does not require MOUs or working agreements. The development of MOU and/or working agreements may be part of the coordination plan.		3-21-06

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8.	<p>Question Topic: Timeliness of Provider Payment (3.2.1)</p> <p>Statement: Under timeliness of payment the SSA 1902(a)(37)(A) law says w/in 90 days and 42 CFR 447.45 says w/in 90 days</p> <p>Question: If the laws say 90 days, but the RFP says 180 days, what are we supposed to follow – 90 or 180 days?</p>	<p>The RFP should say 90 days. This is an error and the RFP will be amended accordingly.</p>	Yes	3-21-06
9.	<p>Is it required for RSNs to consolidate to respond to the RFP? For example, if a bidder is going to apply for the Spokane service area, must they also apply for NEWRSN.</p>	<p>No, it is up to the bidder to determine the service areas it will apply for. A bidder may bid only on Spokane or may submit a proposal for both Spokane and NEWRSN.</p> <p>If a bidder is successful in more than one current service area, it is the intent of DSHS to award one contract to the bidder for a new service area which will encompass all of the regions which the bidder is being awarded.</p>		3-21-06
10.	<p>Where and what time is the pre-proposal conference?</p>	<p>As per section 2.4 of the RFP, the pre-proposal conference will be held on:</p> <p>Date: March 24, 2006  Time: 9:30 am to 11:30 Location:  Lookout Conference Room  Office Building 2  Olympia, Washington</p> <p>Directions to OB2 are posted on the RFP web site.</p>		3-21-06

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11.	<ul style="list-style-type: none"> <li>➤ If a consolidation plan is approved, what Medicaid PMPM rates will be paid to the RSN given that rates may vary from RSN to RSN?</li> <li>➤ If an RSN, successful or unsuccessful in the RFQ process includes another RSN in their RFP and is awarded the Contracts, what happens to the Medicaid rates and state-only funds for the now consolidated RSNs.</li> <li>➤ If two RSNs consolidate, how will the Medicaid and non-Medicaid payment be calculated?</li> </ul>	The contract with the successful RSN will include one PMPM rate which will be “blended” to adjust for geographical variations. The actuaries will need to re-certify the rate range for the new entity using the data from the two regions that will be consolidated. The state only funds will be distributed based upon budget provisos.		3-31-06
12.	Page 3 Bottom of Page- What is the reasoning behind the RFP stipulation that no bidder will be awarded more than three current RSN regions?	The following language from RCW 71.24.360: The department may establish no fewer than eight and no more than fourteen regional support networks under this chapter. No entity shall be responsible for more than three regional support networks.		3-31-06
13.	2.4- If the dates of the RFP change, will the date of the Bidder's Conference and the Proposal Due Date also change?	No changes are expected in any of these dates.		3-31-06
14.	2.22.9.3 – If a Bidder received the highest score for an area but DSHS determined another applicant would “provide for the best continuity and coordination” and “best meets DSHS service area needs” – could the lower scoring bid be awarded the ASB?	This term only applies in the event of a tie.		3-31-06
15.	2.22.9.3- How will MHD determine if the highest scoring bidder will meet the needs of consumers and DSHS?	This term only applies in the event of a tie.		3-31-06

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16.	In the area on awarding of services areas it reads in 2.22.9.3 that service areas will be awarded based upon the following requirements and in accordance with 2.26.9.1. I can't find any sections in the RFP starting with 2.26	The RFP will be amended to read:  2.22.9.2. The procedure for the award of Service Areas will be as follows: <del>and in accordance with 2.26.9.1.</del>	Yes	3-31-06
17.	Section 3.5.11.7 and 3.5.13.7 uses the term "mental health professional" (MHP). Is it required that the clinician meet the Washington state definition for MHP or be a MHP in Washington State?	Yes.		3-31-06
18.	RFP Section 3.5.5.8 and 3.5.6.9 What is the state's definition of age of majority? The MHD debriefing comments noted age 24.	The age of majority is 18.		3-31-06

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19.	<p>The term “provider” and “service provider” are used interchangeable to mean the agency and the clinician throughout the RFP and contract. The PIHP contract 8.3.11 implies MHCP is employee of CMHA, while RFP section 3.5.6.10 states “describe how the Bidder will facilitate access to the same CMHA or provider...” implying provider means and agency.</p> <ol style="list-style-type: none"> <li>1. RFP Section 3.5.5.8 and 3.5.6.9 states “The RSN must ensure that adolescent consumers reaching the age of majority are provided continuity of care without service disruptions or mandatory changes in service providers”. Is the term “service provider” used to mean an agency or clinician?</li> <li>2. RFP Section 3.5.5.9 states” the RSN must allow children and parents to choose to receive services form the same provider when appropriate”. Is the term “same service provider” used to mean an agency or clinician?</li> <li>3. RFP Section 3.5.6.9 states “describe how the Bidder will ensure that adolescent consumers reaching the age of majority are provided continuity of care without service disruptions or mandatory changes in service providers.” Is the term “same service provider” used to mean an agency or clinician?</li> </ol>	<p>The requirements are to assure continuity of care. In the examples provided, the CMHA is the service provider.</p>		3-31-06



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20.	RFP Section 3.4.10.1 states “include copies of any MOU with counties which provide ITA court processes.” Does this include counties where all ITA courts are located (King for Harborview, King for Fairfax, Pierce for WSH) throughout the state?	<p>The RFP will be amended as shown below to remove this requirement and related question to read:</p> <p>3.4.9.4.3. Involuntary Treatment Act Services:          Includes all services and administrative functions required for the evaluation for involuntary detention or involuntary treatment of individuals in accordance with RCW 71.05 and 71.34, 71.24.300. This includes all evaluation and monitoring services, costs related to court processes and transportation. <del>Prior to September 1, 2006, the bidder must be able to execute a written agreement with all counties within the boundaries of the Service Area in which involuntary treatment court processes are conducted which clarifies the responsibilities of the bidder and the responsibilities of the county in terms of involuntary treatment act court processes.</del> Crisis Services become Involuntary Treatment Act Services when a Designated Mental Health Professional determines an individual must be evaluated for involuntary treatment. ITA services continue until the end of the involuntary commitment.</p> <p>3.4.10.1. Provide a written description, including any existing policies and procedures that address how the Bidder will provide Priority State-funded Services. Describe in detail how each service will be provided including facilities, staffing and staff qualifications. Provide sufficient narrative to illustrate the Bidders understanding of each service and understanding of the service requirements. <del>Include copies of any memoranda of understanding with counties which provide involuntary treatment act court processes. If these memoranda of understanding have not been developed or are provided as drafts, provide a plan for developing and executing these agreements by September 1, 2006.</del></p>	Yes	3-31-06

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21.	<p>RFP Section 3.5.11 states “Authorization and utilization management shall be provided by the RSN; these functions may not be delegated. Authorization and utilization management functions may not be delegated to a network CMHA.” Does this restrict the PIHP from delegating authorization and utilization management to an ASO?</p> <p>At 3.5.11.1 the RFP states: "The RSN Care Management system shall have a unified method of authorization and utilization management for title XIX and State-funded Services. Authorization and utilization management shall be provided by the RSN; these functions may not be delegated. Authorization and utilization management functions may not be delegated to a network CMHA."</p> <p>During the RFQ, it was clarified that authorization and utilization management could not be delegated to a network CMHA. Is it still accurate that the Bidder may delegate authorization and utilization management, just not to a network CMHA?</p>	<p>RFP section 3.5.11.1 will be amended to read:</p> <p>3.5.11.1 The RSN Care Management system shall have a unified method of authorization and utilization management for title XIX and State-funded Services. <del>Authorization and utilization management shall be provided by the RSN; these functions may not be delegated.</del> Authorization and utilization management functions may not be delegated to a network CMHA.</p> <p>The amended language will allow for the delegation to an ASO or other entity that is not a network CMHA.</p>	Yes	3-31-06

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22.	Section 3.1.4.4 Is the second part of this requirement that the RSN monitor compliance with enhanced participation of consumers and family members in individual service planning, or is it that consumers and family members participate in monitoring said compliance?	The requirement is that the RSN monitors compliance. The RSN may include families and consumers in the monitoring process.		3-31-06
23.	Section 3.1.9/3.1.10 Are "written allied system coordination plans" signed Memorandums of understanding between the PIHP and the allied system, or a coordination plan developed by the PIHP describing how it will coordinate with the allied system?	The plans could be an MOU or other written documents that meet the requirements stated in the RFP.		3-31-06
24.	Section 3.2.14 Question 3.2.14.1 asks that the PIHP "Discuss and provide evidence of the Bidder's ability to accept payments on an at-risk basis and have and maintain sufficient financial resources to remain solvent and meet its obligations under any resulting contract". Accepting payments does not present any risk. What is being asked by this question?	<p>The RFP will be amended to state " accept payments and provide services on an at risk basis"</p> <p>3.2.14.1. Discuss and provide evidence of the Bidder's ability to accept payments <u>and provide services</u> on an at-risk basis and have and maintain sufficient financial resources to remain solvent and meet its obligations under any resulting contract. The materials submitted may include audited financial statements; financial statements compiled by a Certified Public Accountant in accord with Generally Accepted Accounting Principles, or financial guarantees by a county or counties. It is fully the responsibility of the Bidder to provide sufficient and convincing narrative and evidence to demonstrate financial viability.</p>	Yes	3-31-06

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25.	Section 3.2.14 Question 3.2.14.1 lists a variety of materials that “may” be submitted. It does not seem to require submission of these materials. Are they required?	These are provided as examples. It is fully the responsibility of the Bidder to provide sufficient and convincing narrative and evidence to demonstrate compliance with the requirements.		3-31-06
26.	<p>Section 3.2.14 Question 3.2.14.1 finishes by stating that the Bidder must “provide sufficient and convincing narrative and evidence to demonstrate financial viability”.</p> <p>1. Is this question about the ability of the provider to accept payments on an at-risk basis, or about financial viability?</p> <p>2. Will the length of time an entity has been in existence and remained solvent be used as possible criteria?</p>	<p>1. The question addresses both the bidders ability to accept payment and provide services on an at-risk basis and the Bidders financial viability. The RFP will be amended to read:</p> <p>3.2.14.1. Discuss and provide evidence of the Bidder’s ability to accept payments <u>and provide services</u> on an at-risk basis and have and maintain sufficient financial resources to remain solvent and meet its obligations under any resulting contract. The materials submitted may include audited financial statements; financial statements compiled by a Certified Public Accountant in accord with Generally Accepted Accounting Principles, or financial guarantees by a county or counties. It is fully the responsibility of the Bidder to provide sufficient and convincing narrative and evidence to demonstrate financial viability.</p> <p>2. No. The response will be evaluated on the bidder’s provision of sufficient and convincing narrative and evidence that demonstrate their current financial viability.</p>	Yes	3-31-06

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27.	Section 3.6/ 3.7 Does an existing RSN which is only bidding on services in its own geographic area have to provide a transition plan? What would it be transitioning?	The RFP has been amended to remove the section 3.6 and 3.7, transition plan requirements and questions.		3-31-06
28.	Question regarding RFP #0634-202 Section 2.3 Letter of Intent. A) Will DSHS make public all bidders and the regions they submitted a letter of intent for at or around March 24th. B) Will the Secretary recognize private For Profit entities as acceptable bidders that utilize a Not For Profit shell to meet the requirement as a bidder?  Will you be releasing the names of entities submitting letters of intent?	Letters of intent are available through a public disclosure request. Questions related to private entities are not applicable as DSHS has received no letters of intent from such entities.		3-31-06
29.	The Minimum Qualifications for Submission of a Proposal state that "a non-profit entity must demonstrate that it has a Risk reserve ...." It appears that currently contracted RSNs do not have to address this requirement in the submission. Is that correct?	Requirements and specific questions related to risk reserves are outlined in section 3.2.13 and 3.2.14 and apply to all Bidders. These requirements and questions apply to RSN bidders and responses will be evaluated accordingly.		3-31-06

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30.	<p>Section 3.2.14.3 requires the submission of a budget for the ten month period September 1, 2006 to June 30, 2007.</p> <p>a. The budget figures in the finance exhibit are 12 month figures. Why do you want a ten month budget?</p> <p>b. Will budget figures in the finance exhibit be updated to include new appropriations made by through legislative action on the supplemental budget?</p>	<p>a. The budget is being requested for a 10 month period to match the contract performance period.</p> <p>b. Yes</p>		3-31-06

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31.	<p>2SSB 6793 indicates language about meeting "the threshold requirement for the new region." What does that mean?</p> <p>Section 202 of 2SSB 6793 states (in part): "Regional support networks that substantially met the requirements of the request for qualifications may bid to serve as the regional support network for other regions of the state that are subject to the request for proposal process. The proposal shall be evaluated on whether the bid meets the threshold requirement for the new region and shall not subject the regional support networks' original region to the request for proposal." Does this mean that an RSN that substantially met the requirements of the RFQ that bids on an RSN subject to the RFP process will be the successful bidder if it "meets the threshold requirement for the new region", thus not subject to the "highest scoring bidder" standard in the RFP at 2.22.9.2.1?</p> <p>It seems that the new law states that an existing RSN that met the threshold will be awarded a contract, rather than competing with the highest scoring bidder.</p>	<p>The language in Section 202 of 2SSB 6793 means that if an RSN which was successful in the RFQ bids on one of the service areas available through the RFP, it does not risk losing the contract for the service area that it is being awarded as a result of the RFQ.</p> <p>This provision does require the award of a contract to an RSN solely for meeting a threshold.</p>		3-31-06

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32.	<p>Section 3.4.9.3 requires that the "Bidder shall have adequate professional staff in place to perform all functions required in the state-funded Services Requirements"</p> <p>Question: We do not understand what this means. Is the Bidder required to have professional staff in place to provide these services? Is the Bidder required to have professional staff in place to provide oversight of required services? Do CMHA staff count if they are under contract with the Bidder?</p>	<p>The Bidder may contract for the provision of services, but the Bidder must demonstrate sufficient staffing for the effective oversight of these services and performance of functions that are not allowed to be delegated to a CMHA.</p>		3-31-06
33.	<p>Question 3.4.10.2 states in part: "Describe in detail how each prioritized service will be provided including facilities, staffing, and staff qualifications" Question 3.4.10.1 asks the same for Priority State-funded Services.</p> <p>Question: Is Question 3.4.10.2 asking the Bidder to prioritize the Additional State-funded Services, and only provide a description of how those Additional Services which the Bidder prioritized for funding will be provided? Or is it asking for a repetition of the answer provided in 3.4.10.1 for Priority State Funded Services?</p>	<p>Section 3.4.10.2 is being amended to read:</p> <p>Provide a written description, including any existing policies and procedures that address how the Bidder will <u>prioritize any remaining state funding for</u> <del>provide</del> the Additional State-funded Services. Identify the additional services and describe in detail how <b>each</b> <del>prioritized</del> service will be provided including facilities, staffing, and staff qualifications. Provide sufficient narrative to illustrate the Bidders understanding of the service requirements.</p>	Yes	3-31-06



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34.	<p>Section: 3.4.12.2</p> <p>Statement: "Discuss the required qualifications of staff that will be providing consumer services..."</p> <p>Question: Since that is in the Customer Service section, is the underlined word an error and should it be "customer"?</p>	<p>Section 3.4.12.2 of the RFP is being amended to read:</p> <p>3.4.12.2. Discuss the required qualifications of staff that will be providing <del>consumer</del> <u>customer</u> services (i.e., degree, type of experience, and years of experience).</p>	Yes	3-31-06
35.	<p>Section: 3.1.1.2</p> <p>Statement: "A RSN shall develop a separate RSN/Tribal Plan in collaboration....."</p> <p>Question: Is a "Tribal Plan" the same as a 7.01 Plan?</p>	7.01 refers to a DSHS policy that is used to implement Tribal relationships. The Tribal plan format is attached to the RFP model contract, and should be used to submit the Bidders response.		3-31-06
36.	Are any points or consideration given to a County RSN whose County has voted to contribute ongoing funds that can be used for local match as opposed to a limited investment by a non-county entity?	This is not applicable as no non-county entities have submitted a letter of intent.		3-31-06
37.	Are any points or consideration given to an existing RSN who does not need to spend time implementing a new system of care, but rather implement only those changes as are required by the RFP?	All applicants have to meet the requirements of the RFP.		3-31-06
38.	The RFP contract begins Sept 1, 2006, how long will it run?	It will end on June 30, 2007 in accordance with the state budget cycle.		3-31-06
39.	Will we get the real numbers for the budget?	Updated budget numbers will be posted as soon as available.		3-31-06
40.	Inpatient billing - Will there be preferential treatment for using the state system or direct contracting?	No		3-31-06

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41.	Is there anything that gives an advantage to RSNs who combine?	The RFP does not contain bonus points for RSN's who combine. The Bidders may consider if there are benefits or efficiencies that can be demonstrated by combining with other RSN's.		3-31-06
42.	Should Q&A asked as part of the RFQ be considered relevant as part of the process?	The questions and answers for the RFQ were relevant only for the RFQ.		3-31-06
43.	<p>Page 22, reference checks it says DSHS may go out side the RFP response. Who would DSHS go through to do these checks? How will the information be used in scoring? How will the applicant know? Will this be in regards to one applicant, all applicants?</p> <p>2.22.6- This item seems in contradiction with 2.22.1. If applicants are scored solely on the basis of applications – why would MHD need to go outside the application to obtain information?</p>	The RFP will be amended to remove this section.	Yes	3-31-06
44.	<p>If a bidder is bidding on more than one region or if someone submitted a proposal for all the available service areas, how will the three they are awarded be decided.</p> <p>If a bidder responds for 3 different RSN's and scores higher on one but not on others. How will you choose?</p>	Section 2.22.9.2 provides for the process that will be used for choosing bidders.		3-31-06
45.	The RFQ allowed for DSHS to require corrective action for those who were successful. This is not in the RFP. Does this mean the bidders in the RFP are not subject to any corrective action if successful?	Section 2.22.5 of the RFP does allow DSHS to require corrective action.		3-31-06

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46.	<p>Will current RSNs receive additional points for having things in place instead of a plan to get things in place by other private entities?</p> <p>The RFP asks some questions related to historical use of resources. How can a private non-profit entity respond to these questions?</p> <p>What weight is given to historic use of resources vs. plan for use of resources by a private non-profit entity?</p>	This is not applicable as we have received no letters of intent from private entities.		3-31-06
47.	Financial section- if the RSN is a county and state auditor has no findings about internal controls is this sufficient evidence of internal controls?	No.		3-31-06
48.	The RFP requires word or excel, can we do other formats like PDF, jpg.	The RFP will be amended to allow for the submission of documents in other formats.	Yes	3-31-06
49.	2.14- Please define what MHD means by waiving 'minor administrative irregularities'.	This is in the responsiveness section of the RFP. It allows for DSHS to consider responsive a proposal that has minor administrative irregularities. Examples would include a misspelling or a typo.		3-31-06
50.	Section 3.3.5.2 This section states that the RSN must be able to "receive electronic eligibility information that will be used to establish or terminate client eligibility". We assume that this is referring to two different types of eligibility. Please clarify.	<p>In order to clarify the RFP will be amended to read:</p> <p>3.3.5.2. The RSN must be able to receive electronic <u>Medicaid</u> eligibility information that will be used to establish or terminate <u>a client's eligibility for Medicaid mental health services</u>. RSN must also be able to process retroactive changes in a client's status. Claims affected by eligibility retroactivity must be re-processed based on the new client status.</p>		3-31-06

<b>Q#</b>	<b>Question</b>	<b>Answer</b>	<b>RFQ Amendment</b>	<b>Posted</b>
51.	The RFP states that the Bidders budget must demonstrate the ability to provide all PIHP services, what level of detail, each modality, or category – outpatient, crisis, residential. Can we consider using the BARS framework?	The BARS framework may be used to respond to this question.		3-31-06
52.	What is the definition of admin costs?	The definition is in the BARS supplemental instructions on the website		3-31-06
53.	Page 40- Financial questions and budget development – no-one budgets at the modality level, recommend BARS categories.	The Budget may be submitted in the BARS framework. The proposal must include sufficient information to answer the questions.		3-31-06
54.	2.10.1.4- Please further define what MHD needs in “a detailed list of all materials and enclosures included in the proposal” for the letter of submittal. Do applicants need to list every single attachment that may be included in a proposal?	A general list of materials enclosed will be sufficient. It is not necessary to list every attachment.		3-31-06

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55.	Page 18 Submission requirement are unclear. It states you can submit exhibits in the original format but then asks for sequential numbering	<p>Section 2.16 of the RFP is amended to read:</p> <p>The paper copy of the proposal must be on standard eight and one-half by eleven inch (8 ½" x 11") white paper. A font size not less than 12 point must be used. <del>Each page in the proposal must be numbered sequentially (including exhibits) and contain the name of the Bidder. Do not re-start numbering with each section.</del></p> <p><u>Proposals may be submitted in one of the following two ways.</u></p> <ol style="list-style-type: none"> <li><u>1. All pages numbered sequentially including attachments. Do not re-start numbering with each section; or</u></li> <li><u>2. All pages numbered sequentially, excluding the attachments. Attachments must be included following each of the relevant questions and each attachment must be labeled with the question number and tabbed.</u></li> </ol>		3-31-06
56.	Section: 2.16 Statement: Under Proposal Submission Format it states, "Do not re-start numbering with each section." Question: Is a section 3.1, 3.2, 3.3? If yes, does this mean that the sequential numbering needs to start at Section 3.1 and end at Section 3.6 (including exhibits) so the numbering of pages could potentially be 1 – 1000 + pages?	Yes the sections are 3.1, 3.2, 3.3, 3.4 and 3.5. Please see Q# 55 and the RFP section 2.16 for formatting instructions.		3-31-06

<b>Q#</b>	<b>Question</b>	<b>Answer</b>	<b>RFQ Amendment</b>	<b>Posted</b>
57.	Format – do the attachments go at the end of the section or at the end of each question? Do we mean after each sub section?	Attachments go at the end of each question.		3-31-06
58.	If we fail to number each page sequentially will we be considered non-responsive?	Proposals submitted in a format different from the instructions in the RFP may be considered non-responsive.		3-31-06
59.	RFP Section 3.5.11.5, 3.5.11.7, and 3.5.14.2.5 states “review by a licensed, board-certified psychiatrist”. Is it required that the physician/ psychiatrist be licensed and board certified in Washington State or meet the requirements of licensure in the state of Washington?	No.		3-31-06

Q#	Question	Answer	RFQ Amendment	Posted
60.	<p>I have found a wording problem in the RFP. On page 10 section 1.7.42 describing routine services. It states,  "Routine services means non-emergent and non-urgent services that are offered within 14 calendar days of the request for service to individuals authorized to receive services as defined in the access to care standards. Routine services are intended to stabilize, sustain, and facilitate consumer recovery within his or her living situation."</p> <p>This statement is different than the statement made in the 4/1/06-3/31/08 waiver. On page 51 last paragraph it states, "Routine mental health services are offered to occur within 14 calendar days of a determination of eligibility. An extension is possible upon request by the enrollee. A total of 28 calendar days from request for service to first routine appointment will be the normal time period expected."</p> <p>WAC 388-865-0420 states, "The community support service provider must complete an intake evaluation in collaboration with the consumer within fourteen days of admission to service." Is this a typing error, or is this a more stringent application of the standard that we can expect in the 2006 contract period?</p>	<p>Section 1.7.42 of the RFP is being amended to read:</p> <p>1.7.42. Routine Services" <del>means non-emergent and non-urgent services that are offered within 14 calendar days of the request for services to individuals authorized to receive services as defined in the access to care standards.</del> means mental health services offered to occur within 14 calendar days of a decision to authorize ongoing mental health services. The time from request for mental health services to first routine appointment must not exceed 28 calendar days unless the Contractor documents a reason for the delay. Routine services are intended to stabilize, sustain, and facilitate consumer recovery within his or her living situation.</p>		3-31-06

Q#	Question	Answer	RFQ Amendment	Posted
61.	<p>The RFP states in section 3.3.4.3 that "The RSN shall submit encounters to MHD via an electronic record showing every encounter between a provider and a consumer within 30 days of the close of the month in which the specific encounter occurred." All previous documents [data dictionary (until most recent version), draft model contracts in RFQ] state 60 days of the close of each calendar month. Is this requirement changing as stated in RFP or is an error?</p> <p>Section 3.3.3.3- Statement: The RSN shall submit encounters to the MHD via an electronic record showing every encounter between a provider and a consumer within 30 days of the close of the month in which the specific encounter occurred. Question: The current requirement and the model contracts both state 60 days.....Is the requirement changing to 30 days, or should it still be 60 days?</p>	<p>The RFP will be amended to say 60 days:</p> <p>3.3.3.3. The RSN shall submit encounters to MHD via an electronic record showing every encounter between a provider and a consumer within <del>30</del> 60 days of the close of the month in which the specific encounter occurred.</p> <p>3.3.4.3. Provide examples of subcontract claims lag reports that demonstrate how subcontractor claims (if applicable) are paid and that encounters will be submitted to MHD within <del>30</del> 60 days of the close of the calendar month in which the encounter occurred.</p>	Yes	4-20-06
62.	Section 3.3.6- There are no questions regarding receipt of eligibility files or processing there of. Is this an oversight?	No, this is not an oversight.		4-20-06
63.	Section 2.22.2- What criteria will MHD use to determine whether or not to waive a MR? If all applicants fail one or more MR, how will the process move forward?	The RFP is being amended to score all items. All requirements will now be Mandatory Scored Requirements (MSRs).	Yes	4-20-06



Q#	Question	Answer	RFQ Amendment	Posted
64.	If bidders decide to consolidate post due date for the letters of intent, will the state allow that?	<p>Section 2.3 is being amended to add the following language:</p> <p>“In addition to the letter of intent, Bidders must notify the RFP Coordinator by e-mail or in writing identifying the service areas the Bidder’s proposal will include. This notification is binding and the Bidder’s proposal may only include the identified areas. This notification must be received by the RFP Coordinator on or before May 1, 2006. The state will also allow letters of intent that have been received by March 24, 2006 to be amended by May 1, 2006 to allow for bidders to submit consolidated proposals.”</p>	Yes	4-20-06
65.	<p>Section 2.22.3- How will the evaluation process be different from the RFQ?</p> <p>How will MHD facilitate “consensus” decision-making? How will an application be scored if consensus is not reached? If consensus cannot be reached by a team- how will that application be scored?</p>	<p>The evaluation process for the RFP will be different in that each evaluator will score independently and generate scores for each question in each section. As a result, there will be no consensus scoring. The RFP will be amended to reflect these changes.</p>	Yes	4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
66.	<p>Section 202 of 2SSB 6793 states (in part):  "The request for proposal shall include a scoring factor for proposals that include additional financial resources beyond that provided by state appropriation or allocation." What will the "scoring factor" be?</p> <p>The bill allows for entities which provide additional funding to have this considered? Where and how will this be stated in the RFP?</p> <p>How will addition resources be accounted for in the RFP, based on the 6793 language? Do current resources, such as an E&amp;T, count as additional resources?</p> <p>Additional clarity is requested, if an amendment is issued related to outside financial resources, be explicit about what is counted. We assume the 1 tenth of 1 percent sales tax would be counted, but what about other things. For example – Day treatment program in the school that is currently funded by the RSN.</p> <p>What about the 2 million grant a RSN received, is this additional resources?</p>	<p>The scoring factor will be clarified in an RFP amendment. (see Section 2.22.8.1 and Section 3.8 of the amended RFP.)</p>	Yes	4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
67.	<p>Section 2.22.3- How will evaluation teams determine what is a score of a zero versus a two versus a five? Will guidelines of different score values be given to these teams? If there are definitions of scores-will those be shared with applicants? If there are not definitions of scores- how will MHD ensure that each member of a team understands what score they agree to?</p> <p>Will there be definitions for the scores 0-5 and will this be shared with the Bidders?</p>	The definitions of score values will be included in a scoring tool, and will be part of an RFP amendment (see exhibit F of the RFP amendment). Scoring values will be changing to a 10 point scale.	Yes	4-20-06
68.	<p>Section 2.22.7- How will the MHD determine who can serve on an evaluation team? If using consumers on teams- will the MHD ensure that those consumers come from RSN's that are not bidding?</p> <p>Will the same evaluators be used and how will evaluation teams be established.</p>	The evaluators will be chosen based on their technical expertise in the areas they are being asked to evaluate. Evaluators will additionally be selected as representatives of specific groups (e.g. families, consumers, tribes, allied systems). MHD will select consumers and family members from areas not participating in the RFP. It is possible that some of the same evaluators used for the RFQ may be used for the RFP.		4-20-06
69.	<p>Section 2.22.7- What "information" will be given to the evaluation teams?</p> <p>Will evaluators receive the same training as the evaluators in the RFQ?</p> <p>Will the training for evaluators be shared with the Bidders?</p>	The evaluation teams will receive the final RFP, all questions and answers posted, a detailed scoring tool and other instructions as required to complete the evaluation. Evaluators will receive instructions applicable to the RFP. Any written materials provided to the evaluators will be provided to the Bidders.	Yes	4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
70.	Section 2.25- In the debriefing conference- since the discussion will include evaluation and scoring- will applicants be allowed to speak to evaluation team members?	<p>The debriefing conference will be conducted by members of the procurement team.</p> <p>The pre-final score briefing described in section 2.22.8.2 will be conducted by members of the procurement team and designated members of the evaluation teams. This clarification review team will be responsible for reviewing clarifications submitted by the bidders in accordance with 2SSB 6793 and adjusting scores if required.</p>	Yes	4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
71.	<p>The RFP PIHP contract (12.6.1.2) lists the total timeframe for the Appeal process as 45 days total. There is no extension permitted for Appeals. 42 CFR 438.408 (BBA) permits an extension for Appeals: “The MCO or PIHP may extend the timeframes from paragraph (b) of this section by up to 14 calendar days if- The enrollee requests the extension; or- The MCO or PIHP shows (to the satisfaction of the State agency, upon its request) that there is need for additional information and how the delay is in the enrollee’s interest”. The section goes on to outline the requirements following an extension. There appears to be a conflict between the RFP PIHP contract and BBA Appeal timeframes. Which requirements should a PIHP reference in the RFP response?</p> <p>Section 3.5.13.5.1 Statement: Clarification on interpretation Question: Does the appeals process include an option for an extension beyond the normal 45 day decision time frame?</p>	<p>The contracts attached to the RFP are considered models. They will be substantially similar to the final contracts that will be executed following the RFP process.</p> <p>The RFP has been amended to clarify that the Bidder should use the timeframes in the proposed contract.</p> <p>3.4.5.2. Notice of Action and information on grievances, appeal and fair hearing procedures and <u>timeframes that are in compliance with the Grievance system general requirements of the proposed contract.</u></p> <p>3.4.6.2. Describe the process and procedures for issuing a Notice of Action for Title XIX enrollees. Describe how written information is or will be provided to enrollees about the grievance, appeals and fair hearing procedures <u>and time frames that are in compliance with the Grievance system general requirements of the proposed contract.</u></p>	Yes	4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
72.	The RFQ review team noted on our response to 3.4.26.2.1 (which is the same as RFP 3.5.13.5.1) regarding timeliness of notification that “In grievance plan –D17- Appears appeals decision can be extended beyond 45 day time frame;...” The Grievance Plan referred to was written using the guidance of the MHD Grievance Process available on the website, and uses essentially the same wording. The reviewers’ statement implies that an appeals decision cannot be extended beyond the 45 days (normal time frame), however, the MHD appeal process #9 states “In some instances, additional time may be taken if you request it or if it is in your best interest.” Is this not an extension beyond the 45 day time frame? Our Grievance plan used the word “extension”, otherwise it was worded the same.	See above. (Question #71)		4-20-06
73.	The RFP said bidders may be disqualified if they scored under 70. If there are no other bidders intend to compete can we consider a corrective action instead of an RFP?  If there is no competition, can we skip to negotiations instead of completing the RFP process?	No. RCW 71.24.320 requires completion of the RFP process and bidders must demonstrate they can meet the requirements of the RFP. However, the threshold for passing the RFP is being changed in accordance with the new scoring definitions which are included in exhibit F of the RFP amendment.	Yes	4-20-06
74.	p. 77 – Does not describe what a LOC guideline is. We do not know if this applies to outpatient, inpatient, or residential care. Can you provide more guidance on this?	As per section 3.5.3.1, the bidder’s level of care guidelines should address each treatment modality.		4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
75.	p. 77 - Clinical guidelines- should LOC be used for initial authorizations?	Initial authorizations should be included, as well as continuing stay and discharge criteria, in LOC guidelines.		4-20-06
76.	pg. 34- allied system plan, we cannot clarify the roles of the other entity. In terms of development of the plan can we limit it to what we are responsible for?	This would not meet the requirements of the RFP.		4-20-06
77.	When do the RFQ proposals become public?	After the official decisions as to the winning bidders in the RSN procurement process are made public, DSHS will respond to public disclosure requests for and release RFQ proposals to the extent permitted by State public disclosure laws.		4-20-06
78.	Care management – if the telephonic assessment indicates that the person is not requesting services covered, how can we arrange for an intake assessment, when according to the telephone assessment. i.e. requesting family and marriage counseling. Would this mean they still get an assessment? If the person is not currently enrolled in Medicaid is an assessment required?	Every Medicaid enrollee is entitled to an intake evaluation if they request one. It should not be dependent on the person requesting a specific modality. Part of the assessment should be to figure out if they <ol style="list-style-type: none"> <li>1. Meet Medical Necessity, and</li> <li>2. What the treatment interventions (Modalities) are best suited.</li> </ol> What we clearly do not want is a “screening” that limits access to an intake for enrollees who are most likely not aware of the full array of services they may be eligible for.		4-20-06
79.	Care management – if we have a centralized care management line, why would we have two numbers, is the toll free sufficient?	The RF P is amended to read:  3.5.9.1. Provide access to telephonic assessment and referral services provided by appropriately qualified care management staff via <del>both local and</del> a toll free number. In addition local numbers may be provided for individuals in the local area.	Yes	4-20-06

Q#	Question	Answer	RFQ Amendment	Posted
80.	Section 3.5.9.1- What is meant by assessment in this section? Is this an intake assessment or something different.	This is different than an intake assessment. It could involve assessment of whether the care needs of the individual are urgent, emergent, or routine, and referral to appropriate network resources.		4-20-06
81.	Care management - if a inpatient facility refuses to provide information needed to make a decisions for authorization, can the RSN refuse to authorize care in this situation?	This is a contract issue and not relevant to developing a RFP proposal.		4-20-06
82.	How low can a Bidder score and still be offered a contract as a RSN?	Please see the revised scoring section (exhibit F of the amended RFP).	Yes	4-20-06
83.	Can another entity competing with a current RSN claim a program that is owned by a provider or owned by the county?  Can another entity include a program that involves a provider they do not have a contract with?	This is not applicable as there are no competing proposals from non-RSN entities.		4-20-06